

# TACTICAL RESPONSE REPORT / Chicago Police Department

INCIDENT	DATE OF INCIDENT 13-MAR-2018		TIME 1201	ADDRESS OF OCCURRENCE CHICAGO, IL		LOCATION CODE 090	BEAT/OCCUR. 0913	VIDEO RECORDED INCIDENT <input checked="" type="checkbox"/> BWC <input type="checkbox"/> IN-CAR VIDEO <input type="checkbox"/> OTHER VIDEO				
	BUSINESS NAME [REDACTED]		EXACT AREA WITHIN LOCATION (E.G., BASEMENT, STAIRWAY, BEDROOM) LIVINGROOM		ASSIGNMENT TYPE <input type="checkbox"/> ON-VIEW <input type="checkbox"/> OTHER <input type="checkbox"/> SUPERVISOR DIRECTED <input checked="" type="checkbox"/> CALL FOR SERVICE							
	EVENT NO. 1807205997		RD NO. JB184157	IR NO.	CB NO. 19614689	CHARGE 720 ILCS 5.0/12-2-B-4 - AGG ASSAULT/PEACE OFFICER/WEAPON		INVOLVED A MOTOR VEHICLE PURSUIT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
INVOLVED MEMBER	LIGHTING <input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN <input type="checkbox"/> DARKNESS <input type="checkbox"/> ARTIFICIAL		WEATHER <input type="checkbox"/> CLEAR <input type="checkbox"/> SNOW/ICE <input type="checkbox"/> CLOUDY <input type="checkbox"/> FOG		PATROL TYPE? <input type="checkbox"/> BICYCLE <input type="checkbox"/> SQUADROL <input type="checkbox"/> OTHER: <input checked="" type="checkbox"/> POLICE CAR <input type="checkbox"/> MOTORCYCLE/ PAPV <input type="checkbox"/> VAN/BUS <input type="checkbox"/> FOOT		MEMBER WAS? <input checked="" type="checkbox"/> ALONE <input type="checkbox"/> WITH PARTNER		ASSIST UNITS ON SCENE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		INCIDENT <input type="checkbox"/> INDOOR <input type="checkbox"/> OUTDOOR	
	RANK 9171		LAST NAME MOSQUERA		FIRST NAME JOHN		EMPLOYEE NO. [REDACTED]	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	RACE ASIAN/PACIFIC ISLANDER	AGE 53	HT. 601	WT. 185
	DATE OF APPT. 30-JUL-1990		UNIT & BEAT OF ASSIGN. 009	DUTY STATUS <input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF	IN UNIFORM? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	TYPE OF MEMBER INJURY <input checked="" type="checkbox"/> None / None Apparent <input type="checkbox"/> Minor Swelling	Minor Contusion/Laceration <input type="checkbox"/> Complaint of Substantial Pain <input type="checkbox"/> Significant Contusion	Laceration Requiring Sutures <input type="checkbox"/> Broken/Fractured Bone(s) <input type="checkbox"/> Heart Attack/Stroke/Aneurysm	Gun Shot <input type="checkbox"/> Fatal <input type="checkbox"/> Other (Specify)			
SUBJECT INFORMATION	LAST NAME CHEN		FIRST NAME WENMIN		M.I. [REDACTED]	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	RACE ASIAN/PACIFIC ISLANDER	D.O.B. 1987	HT. 508	WT. 185		
	ADDRESS CHICAGO, IL		TELEPHONE NO.		CONDITION <input type="checkbox"/> Apparently Normal <input checked="" type="checkbox"/> Injured Unrelated to Force	<input checked="" type="checkbox"/> Injured by Member <input type="checkbox"/> Alleges Injury by Member <input type="checkbox"/> Under Influence of Alcohol	<input type="checkbox"/> Under Influence of Drugs <input type="checkbox"/> Mental Illness / <input type="checkbox"/> Emotional Disorder					
	MEDICAL TREATMENT? <input type="checkbox"/> Refused Medical Aid <input checked="" type="checkbox"/> Offered/EMS Requested		<input type="checkbox"/> Performed by Member <input checked="" type="checkbox"/> Taken to Hospital (Specify) <input checked="" type="checkbox"/> Performed by CFD EMS STROGER		SUBJECT INJURY BY MEMBER'S USE OF FORCE? <input type="checkbox"/> None/None Apparent <input type="checkbox"/> Subject Alleged Injury		SUBJECT INJURY BY MEMBER'S USE OF FORCE? <input type="checkbox"/> Non-Fatal - Minor Injury <input type="checkbox"/> Non-Fatal - Major Injury		<input type="checkbox"/> UNK <input type="checkbox"/> Fatal			
SUBJECT'S ACTIONS (Check all that apply)	<input checked="" type="checkbox"/> DID NOT FOLLOW VERBAL DIRECTION <input type="checkbox"/> VERBAL THREATS <input type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> PULLED AWAY <input type="checkbox"/> FLED <input type="checkbox"/> IMMINENT THREAT OF BATTERY - NO WEAPON <input type="checkbox"/> OTHER (DESCRIBE)		<input type="checkbox"/> PHYSICAL ATTACK WITHOUT WEAPON. (SPECIFY) <input type="checkbox"/> HAND/ARM/ELBOW STRIKE <input type="checkbox"/> KNEE/LEG STRIKE <input type="checkbox"/> MOUTH/TEETH/SPIT <input type="checkbox"/> PUSH/SHOVE/PULL <input type="checkbox"/> GRAB/HOLD/RESTRAIN <input type="checkbox"/> WRESTLE/GRAPPLE <input type="checkbox"/> OTHER (DESCRIBE)		<input type="checkbox"/> THROWN OBJECT (DESCRIBE) <input type="checkbox"/> IMMINENT THREAT OF BATTERY WITH WEAPON <input type="checkbox"/> ATTEMPT TO OBTAIN MEMBER'S WEAPON <input type="checkbox"/> PHYSICAL ATTACK WITH WEAPON <input checked="" type="checkbox"/> USED FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM		WAS SUBJECT ARMED WITH WEAPON? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES, DESCRIBE BELOW: <input type="checkbox"/> BLUNT OBJECT <input type="checkbox"/> CHEMICAL WEAPON <input type="checkbox"/> TASER/STUN GUN <input type="checkbox"/> VEHICLE <input type="checkbox"/> SEMI-AUTO PISTOL <input type="checkbox"/> WEAPON/OBJECT <input type="checkbox"/> PERCEIVED AS:		<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES, DESCRIBE BELOW: <input checked="" type="checkbox"/> KNIFE/CUTTING INSTRUMENT <input type="checkbox"/> EXPLOSIVE DEVICE <input type="checkbox"/> REVOLVER <input type="checkbox"/> RIFLE <input type="checkbox"/> SHOTGUN			
	SUBJECT ACTIVITY Drug-Related? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DID THE SUBJECT COMMIT AN ASSAULT OR BATTERY AGAINST THE INVOLVED MEMBER PERFORMING A POLICE FUNCTION? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES		IF YES, IDENTIFY MANNER OF ATTACK? <input checked="" type="checkbox"/> YES	MANNER OF ATTACK? <input type="checkbox"/> Shot/Shot At <input type="checkbox"/> Stabbed/Cut (Including Attempt) <input type="checkbox"/> Other (Including Verbal Threats)	WEAPON USE: <input type="checkbox"/> DNA <input type="checkbox"/> Used - Attempt to Attack Member <input type="checkbox"/> Possessed		WEAPON USE: <input type="checkbox"/> Member at Gunpoint <input type="checkbox"/> Used - Attempt to Attack Member <input type="checkbox"/> Obtained Member's Weapon <input type="checkbox"/> Used - Attacked Member			
	TYPE OF ACTIVITY? <input type="checkbox"/> Ambush - No Warning <input type="checkbox"/> Traffic Stop <input type="checkbox"/> Investigatory Stop		<input type="checkbox"/> Disturbance - Domestic <input type="checkbox"/> Man with a Gun <input type="checkbox"/> Disturbance - Mental Health		<input type="checkbox"/> Disturbance - Riot/Mob Action/Civil Disorder <input checked="" type="checkbox"/> Disturbance - Other <input type="checkbox"/> Other - Describe in Narrative	<input type="checkbox"/> Pursuing/Arresting Subject <input type="checkbox"/> Charge: _____	IUCR CODE: _____		IUCR CODE: _____			
MEMBER'S RESPONSE (Check all that apply)	REASON FOR RESPONSE? <input checked="" type="checkbox"/> Defense of Self <input checked="" type="checkbox"/> Defense of Department Member		<input type="checkbox"/> Defense of Member of Public <input checked="" type="checkbox"/> Overcome Resistance or Aggression		<input checked="" type="checkbox"/> Stop Self-Inflicted Harm <input type="checkbox"/> Fleeing Subject		<input checked="" type="checkbox"/> Subject Armed with Weapon <input type="checkbox"/> Unintentional					
	FORCE MITIGATION EFFORTS				CONTROL TACTICS							
	<input checked="" type="checkbox"/> MEMBER PRESENCE <input type="checkbox"/> ZONE OF SAFETY <input checked="" type="checkbox"/> VERBAL DIRECTION/ CONTROL TECHNIQUES		<input type="checkbox"/> MOVEMENT TO AVOID ATTACK <input type="checkbox"/> SPECIALIZED UNITS <input checked="" type="checkbox"/> ADDITIONAL UNIT MEMBERS		<input type="checkbox"/> TACTICAL POSITIONING <input type="checkbox"/> NONE <input type="checkbox"/> OTHER		<input type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR		<input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> EMERGENCY HANDCUFFING			
RESPONSE WITHOUT WEAPONS				RESPONSE WITH WEAPONS								
<input type="checkbox"/> OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN <input type="checkbox"/> ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> KNEE STRIKE		<input type="checkbox"/> KICKS <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> HOLD DOWN		<input type="checkbox"/> OC/CHEMICAL WEAPON <input type="checkbox"/> OC/CHEMICAL WEAPON W/ AUTHORIZATION* <input type="checkbox"/> LRAD W/ AUTHORIZATION*		<input checked="" type="checkbox"/> TASER <input type="checkbox"/> CANINE <input type="checkbox"/> BATON/EXPANDABLE BATON		<input type="checkbox"/> IMPACT MUNITIONS (DESCRIBE BELOW) <input type="checkbox"/> REVOLVER <input type="checkbox"/> SEMI-AUTO PISTOL <input type="checkbox"/> RIFLE <input type="checkbox"/> SHOTGUN <input type="checkbox"/> OTHER				
*AUTHORIZED BY (NAME) ,				RANK		STAR NO.		UNIT NO.				
WEAPON DISCHARGE	NO. OF WEAPONS DISCHARGED BY THIS MEMBER 1		WEAPON TYPE: <input type="checkbox"/> SEMI-AUTO PISTOL <input type="checkbox"/> SHOTGUN <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> RIFLE <input checked="" type="checkbox"/> CHEMICAL WEAPON <input type="checkbox"/> REVOLVER <input checked="" type="checkbox"/> TASER		WEAPON SERIAL NO. X30002W4E		WEAPON CERT. NO.					
	DID THIS WEAPON CONTRIBUTE TO A SUBJECT INJURY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		DID THE DISCHARGE RESULT IN A SELF-INFILCTED INJURY? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES-SUBJECT <input type="checkbox"/> YES-MEMBER		WAS SUBJECT VEHICLE USE AS A WEAPON? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES - AGAINST MEMBER <input type="checkbox"/> YES - AGAINST OTHER PERSON							
	WAS DISCHARGE ONLY TO DESTROY/DETER AN ANIMAL? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		WAS THIS AN UNINTENTIONAL DISCHARGE DURING A NON-CRIMINAL INCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		PERSON/OBJECT(S) STRUCK BY THE DISCHARGE OF MEMBER'S WEAPON (CHECK ALL THAT APPLY): <input checked="" type="checkbox"/> SUBJECT <input type="checkbox"/> DEPARTMENT MEMBER <input type="checkbox"/> ANIMAL <input type="checkbox"/> NONE <input type="checkbox"/> OTHER OBJECT <input type="checkbox"/> OTHER PERSON <input type="checkbox"/> VEHICLE <input type="checkbox"/> UNKNOWN							
TASER DISCHARGE ONLY		TASER DART ID NO. C6200AHF8		PROPERTY INVENTORY NO. 14124913		PROBE DISCHARGE <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> DNA <input type="checkbox"/> OTHER	CONTACT STUN <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> DNA <input type="checkbox"/> OTHER	ARC CYCLE <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> DNA <input type="checkbox"/> OTHER	SPARK DISPLAY <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> DNA <input type="checkbox"/> OTHER			
FIREARM DISCHARGE ONLY		WHO FIRED FIRST SHOT? <input type="checkbox"/> MEMBER <input type="checkbox"/> OTHER (Specify) <input type="checkbox"/> OFFENDER		TOTAL NO. OF SHOTS MEMBER FIRED		WAS FIREARM RELOADED DURING INCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	MAKE/ MANUFACTURER	MODEL	DID MEMBER FIRE AT A VEHICLE? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES			

## NOTIFICATIONS AND NARRATIVE

NOTIFICATIONS (ALL INCIDENTS): <input checked="" type="checkbox"/> IMMEDIATE SUPERVISOR <input checked="" type="checkbox"/> DISTRICT OF OCCURRENCE	NOTIFICATIONS (WEAPONS DISCHARGE AND DEADLY FORCE): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> CPIC
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**NARRATIVE (IF APPLICABLE, DESCRIBE WITH SPECIFICITY, (1) THE USE OF FORCE INCIDENT, (2) THE SUBJECT'S ACTIONS, AND (3) THE DEPARTMENT MEMBER'S RESPONSE, INCLUDING FORCE MITIGATION EFFORTS AND SPECIFIC TYPES AND AMOUNT OF FORCE USED. THE INVOLVED MEMBER WILL NOT COMPLETE THE NARRATIVE SECTION FOR ANY FIREARM DISCHARGE INCIDENTS (WITH OR WITHOUT INJURY) OR IN ANY USE OF FORCE INCIDENTS RESULTING IN DEATH.)**

R/SGT RESPONDED TO A CALL OF A PERSON WITH A KNIFE THREATENING HIS WIFE. UPON ARRIVAL R/SGT ENTERED THE APARTMENT WITH OTHER OFFICERS. THE COMPLAINANT DIRECTED OFFICERS TO A BEDROOM WHERE THE SUBJECT WAS LOCATED. R/SGT PLACED HIMSELF IN A TACTICAL POSITION TO THE LEFT OF DOORWAY BEFORE THE DOOR WAS OPENED. UPON OPENING THE DOOR THE SUBJECT WAS OBSERVED TO BE ARMED WITH A KNIFE. OFFICER PEREZ BEGAN TO GIVE THE SUBJECT NUMEROUS COMMANDS TO DROP THE KNIFE. OFFICER SZETO ALSO GAVE VERBAL DIRECTION IN CHINESE (CANTONESE DIALECT) TO GIVE HER THE KNIFE. AFTER SUBJECT REFUSED TO FOLLOW VERBAL DIRECTION, OFFICER PEREZ DEPLOYED HIS TASER. OFFICER PEREZ RELATED THAT IT DID NOT HIT, AT WHICH TIME R/SGT DEPLOYED HIS TASER, STRIKING THE SUBJECT. OFFICER PEREZ CONTINUED TO GIVE THE SUBJECT VERBAL DIRECTION TO DROP THE KNIFE. THE SUBJECT REFUSED MAINTAINING THE KNIFE IN HIS RIGHT HAND. R/SGT UTILIZED THE ARC SWITCH TO RE-ENERGIZE THE OFFENDER IN AN ATTEMPT TO GAIN COMPLIANCE. OFFICER PEREZ AGAIN GAVE VERBAL DIRECTION TO THE ARMED SUBJECT. THE SUBJECT REFUSED TO DROP THE KNIFE AND MOVED IN R/SGT'S DIRECTION. R/SGT PLACED HIS HAND AGAINST THE SUBJECT'S BACK TO CREATE DISTANCE AS R/SGT WAS PINNED BETWEEN THE FURNITURE, A WALL AND THE ARMED SUBJECT. MULTIPLE TASER DEPLOYMENTS WERE INEFFECTIVE IN GAINING THE ARMED SUBJECT'S COMPLIANCE.

REPORTING MEMBER (Print Name) MOSQUERA, JOHN	STAR/EMPLOYEE NO. 1959	SIGNATURE PC0E914
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### REVIEWING SUPERVISOR

TYPE OF SUBJECT INJURY <input type="checkbox"/> Minor Contusion <input type="checkbox"/> Significant Contusion <input checked="" type="checkbox"/> Gun Shot			HOW WAS INJURY SUSTAINED? <input type="checkbox"/> None / None Apparent <input type="checkbox"/> Minor Laceration/Abrasion <input checked="" type="checkbox"/> Laceration Requiring Sutures <input type="checkbox"/> Fatal <input checked="" type="checkbox"/> Intentional Act by Member <input checked="" type="checkbox"/> Intentional Act by Self <input type="checkbox"/> Intentional Act by Other <input type="checkbox"/> Minor Swelling <input type="checkbox"/> Complaint of Substantial Pain <input type="checkbox"/> Broken/Fractured Bone(s) <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Unintentional Act by Member <input type="checkbox"/> Unintentional Act by Self <input type="checkbox"/> Unintentional Act by Other				
WITNESSES	LAST NAME WU	FIRST NAME XIAO ZHEN	M.I.	SEX <input type="checkbox"/> M <input checked="" type="checkbox"/> F	RACE 6	DATE OF BIRTH 1987	
	ADDRESS [REDACTED] CHICAGO, IL	TELEPHONE NO.	WITNESS INTERVIEW <input type="checkbox"/> INTERVIEWED <input type="checkbox"/> NOT <input type="checkbox"/> REFUSED		OTHER (Specify) AVAILABLE INTERVIEWED BY		
	WITNESS STATEMENT						

#### REVIEWING SUPERVISOR: COMMENTS

THIS INCIDENT INVOLVES A POLICE INVOLVED SHOOTING, I HAVE REVIEWED THIS REPORT FOR COMPLETENESS.

ATTACHMENTS:	<input checked="" type="checkbox"/> CASE REPORT <input type="checkbox"/> ARREST REPORT <input type="checkbox"/> SUPPLEMENTARY REPORT <input type="checkbox"/> INVENTORY <input type="checkbox"/> IOD REPORT <input checked="" type="checkbox"/> TASER DOWNLOAD <input type="checkbox"/> OTHER
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#### REVIEWING SUPERVISOR:

I HAVE COMPLIED WITH THE DUTIES OUTLINED IN G03-02-02.

LOG NUMBER OBTAINED FROM THE CIVILIAN OFFICE OF POLICE ACCOUNTABILITY (COPA). LOG NO. OBTAINED.

1088756

I HAVE REVIEWED THIS TACTICAL RESPONSE REPORT AND AFFIRM THAT THE REPORT IS LEGIBLE AND COMPLETE.

REVIEWING SUPERVISOR NAME (Print) DARLIN, RANDALL	STAR NO. 93	SIGNATURE [REDACTED]	DATE/TIME COMPLETED 13-MAR-2018 1945
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#### DISTRIBUTION OF TRR: IF A PAPER TRR WAS COMPLETED DUE TO AN UNAVAILABILITY OF THE AUTOMATED TACTICAL RESPONSE REPORT APPLICATION:

1. THE ORIGINAL TRR WILL BE FORWARDED TO DIRECTOR, RECORDS DIVISION - TO BE INCLUDED WITH THE CORRESPONDING CASE FILE.

2. A COPY OF THE PAPER TRR AND THE ATTACHMENTS WILL BE FORWARDED TO:

- A. THE INVESTIGATING SUPERVISOR RESPONSIBLE FOR THE INVESTIGATION,
- B. CIVILIAN OFFICE OF POLICE ACCOUNTABILITY (COPA), AND
- C. DIRECTOR, INFORMATION SERVICES DIVISION, TO ENSURE DATA ENTRY AND ATTACHMENT SCANNING INTO THE AUTOMATED TACTICAL RESPONSE REPORT (A-TRR) APPLICATION.

TRR 1 OF 1 TRR(S)

# TACTICAL RESPONSE REPORT - INVESTIGATION/Chicago Police Department

INCIDENT INFORMATION	DATE OF INCIDENT	TIME	ADDRESS OF OCCURRENCE [REDACTED] CHICAGO, IL [REDACTED]	EVENT NO.	RD NO.	
	13-MAR-2018	1201	[REDACTED]	1807205997	JB184157	
	RANK	MEMBER LAST NAME 9171 MOSQUERA	MEMBER FIRST NAME JOHN	EMPLOYEE NO. [REDACTED]	CB NO. 19614689	CHARGE 720 ILCS 5.0/12-2-B-4 - AGG ASSAULT/PEACE OFFICER/WEAPON
	SUBJECT LAST NAME CHEN	SUBJECT FIRST NAME WENMIN		M.I.	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	RACE API

## LIEUTENANT OR ABOVE/INCIDENT COMMANDER REVIEW

### SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

DNA

REFUSED

INTERVIEW NOT CONDUCTED (Specify Reason)

Offender immediately taken to hospital and underwent surgery.

### LIEUTENANT OR ABOVE/INCIDENT COMMANDER: COMMENTS

ADDITIONAL ATTACHMENTS

U# 18-04 This investigation is being conducted by Deputy Chief James O'Donnell # 13. Due to technical difficulties this investigation is in Commander Darlin's Cue. This incident was captured on several BWC's, including the member's. The listed member, along with several other Department members, responded to an OEMC call of person with a knife at the listed location. The member encountered an offender armed with a large knife inside a bedroom. The offender refused numerous commands in both English and Cantonese to drop the weapon. The member deployed his Taser on the offender who, while still armed with the knife, then exited the bedroom and closed the distance between the member and other police officers in the room. The member also utilized an arc to control the offender without success. Subsequently, the offender was shot by another officer. Offender was taken to the hospital for treatment. Appropriate BWC's were viewed by the reporting Deputy Chief and the involved member. The incident occurred indoors. No ICC systems were reviewed at this time. No private video was discovered at this time that captured the incident. The member's Taser data was downloaded. The prongs were recovered and inventoried by Forensics officers. COPA personnel were on scene.

### LT OR ABOVE/INCIDENT COMMANDER:

I HAVE COMPLIED WITH THE DUTIES OUTLINED IN G03-02-02.  
 I HAVE CONCLUDED THAT THE MEMBER'S USE OF FORCE  
REQUIRES A NOTIFICATION TO THE INDEPENDENT POLICE  
REVIEW AUTHORITY (IPRA) / CIVILIAN OFFICE OF POLICE  
ACCOUNTABILITY (COPA). LOG NO. OBTAINED:  
1088756

BASED ON THE PRELIMINARY  
INFORMATION THAT I HAVE  
REVIEWED AND THAT WAS  
AVAILABLE AT THE TIME OF  
THIS REPORT, THE  
MEMBER'S USE OF FORCE  
RESPONSE APPEARS TO BE:

IN COMPLIANCE WITH DEPARTMENT POLICY AND DIRECTIVES.  
 NOT IN COMPLIANCE WITH DEPARTMENT POLICY AND  
DIRECTIVES.  
 A DEADLY FORCE OR OFFICER-INVOLVED DEATH INCIDENT.

### ACTIONS RECOMMENDED? NO YES, DESCRIBE BELOW:

OTHER:

- INDIVIDUAL DEBRIEFING WITH SUPERVISOR
- REVIEW LEGAL/TRAINING BULLETIN
- REVIEW STREAMING VIDEO
- STRESS REDUCTION SEMINAR
- REVIEW DEPARTMENT DIRECTIVES

LT OR ABOVE/INCIDENT COMMANDER NAME (Print)

DARLIN, RANDALL L

STAR NO.

93

SIGNATURE

DATE/TIME COMPLETED

13-Mar-2018